Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	M M / D D / Y Y Y Y
Mailing Address 20679 Glenbrook Terrace	09 27 2014 Amount
City State Zip Code	10.00
Sterling VA 20165	Transaction ID: 43189ddd-8996-41be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 27 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
AA W. AA I	09 27 2014
Mailing Address 506 N Horton Street	Amount
City State Zip Code	40.00
Searcy AR 72143	Transaction ID: 9f199d88-d0ee-4498-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 27 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cossession
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
	09 / 27 / 2014
Mailing Address 506 N Horton Street	Amount
City State Zip Code	30.30
Searcy AR 72143	Transaction ID: c84e8b39-d5c5-4496-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee Carol L Walters	Date of Public Distribution/Dissemination
	09 / 27 / 2014
Mailing Address 1900 Glen West Way	Amount
City State Zip Code	70.00
Fort Smith AR 72916	Transaction ID: 829b3d74-f495-4a90-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 27 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.30
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	09
Signature	

Schedule E)	1 =/11 =:12.	1101120		PAGE 3 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y T Y T Y
Full Name of Payee Carol L Walters			Date of P	Public Distribution/Dissemination  27 27 2014
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		19.20
Fort Smith	AR	72916		ion ID : f2778a05-8f6a-4647-a disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	112580.74	Disbursement For 2014 Other	or: Primary X General  (specify) ►
Full Name of Payee Eric J Smith			Date of F	Public Distribution/Dissemination
Mailing Address 4967 Dysartville			09	27 2014
			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	Transaction Date of D	on ID : 39bc37ba-f696-4896-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	333857.08	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	S		<b>•</b>	99.20
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	)	PAGE 4 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
OL 1 1 OA harmonia V An harmonia V November	Americale report fil	lad on M M / D D / Y Y Y Y Y
Check if 24-hour report X 48-hour report New re	eport Amends report file	ed on
Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination  09  27  2014
Mailing Address 4967 Dysartsville Rd		Amount
City State	Zip Code	80.00
Morganton NC	28655	Transaction ID: 99d82815-0390-497a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	333857.08 Dis 201	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee  Jennifer E Smith		Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd		09 27 2014
·		Amount
City State	Zip Code	7.50
Morganton NC	28655	Transaction ID: 662cad4b-c7ee-4717-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ffice Sought: House District: 00
Ms. Kay Hagan		President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = 0
Signature		

Schedule E)	IVI EXI EIVE	ITOTIES	_	PAGE 5 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Chelsey Waite			09	27 / 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		22.50
Baton Rouge	LA	70816		: af829b2c-d1c7-4ef9-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M = M / 09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	1	131191.68	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Charleen Ecuyer			M M /	27 / 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		22.50
Baton Rouge	LA	70816		07c395ed-16fc-4ada-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	131191.68	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			45.00
(b) SUBTOTAL of Unitemized Independent Expen	ditura			
(b) SOBIOTAL of Officernized independent Experi	uitures		•	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29	2014
-				

Schedule E	)		101120		PAGE 6 OF 85 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 2	4-hour report X 48-hour re	port New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name	of Pavee			Date o	of Public Distribution/Dissemination
Charle	en Écuyer			М	09 27 2014
Mailing Add	dress 3738 Woodland Ridge Blv	vd		Amour	nt
City		State	Zip Code		1.20
Baton Rou		LA	70816		action ID : 3f9781e9-5ca9-4f7a-a of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	M	09 / 27 / Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sought	: House District:00
Ms. Mary L	Landrieu		X Oppose	Preside	
	dar Year-To-Date ection for Office Sought	1	31191.68	Disbursement 2014 Ot	For: Primary X General
Full Name				Date of	of Public Distribution/Dissemination
Vaness	a E Ecuyer			М	09
Mailing Ad	dress 3738 Woodland Ridge I	Blvd			09 27 2014
	o, oo rroomana mago.			Amou	nt
City		State	Zip Code		22.50
Baton Rou		LA	70816	Transa Date o	ction ID : 3da287d5-372c-458e-8 of Disbursement or Obligation
Salary	Expenditure		Category/ Type 001	M	09 / D D / Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary l	_ Landrieu		Oppose	Preside	
	dar Year-To-Date lection for Office Sought	7 7	131191.68	Disbursement 2014 Or	t For:
(a) SUBTO	TAL of Itemized Independent Ex	kpenditures		<b>•</b>	23.70
(b) SUBTO	<b>FAL</b> of Unitemized Independent	Expenditures		•	
(c) TOTAL	Independent Expenditures			•	
with, or at the		y candidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 09	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	)				

Schedule E)	JENT EXILIND	TIONES	<b>+</b>	PAGE 7 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jackson S Tuttle			Date of Public	Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			09	27 2014
			Amount	
City	State	Zip Code		65.00
Kernersville	NC	27284		D: 5a196663-afd4-415d-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jackson S Tuttle			M M /	27 2014
Mailing Address 404 Chancery Park Ct			Amount	
City	State	Zip Code		9.00
Kernersville	NC	27284		: 49363255-fc9c-45f2-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	333857.08	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures			74.00
			7	4
(b) SUBTOTAL of Unitemized Independent Exp	penditures		· <b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>)</b>	1 4 1 4
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 29	2014
•				

Schedule E)	PAGE 8 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	; C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Jerome M Weil	
Mailing Address 101 Durham Drive Amount	27 2014
	10.00
	10.00 on ID : dc04b40a-ef24-492b-b isbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001  Og	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	r:
Elvis Spears	
Mailing Address 2150 Hope St Amount	27 2014
City State Zip Code	30.00
New Orleans LA 70119 Transaction Date of D	on ID: b1030d26-0986-4c34-b isbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	27 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement Fo 2014  Other	or: Primary X General  (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	29 / 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O
Check if 24-hour report X 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee Elvis Spears	Date of Public Distribution/Dissemination
	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St	Amount
City State Zip Code	0.90
New Orleans LA 70119	Transaction ID : facd9404-62ed-4116-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Jodi Fountain	09 27 2014
Mailing Address 1010 S Dogwood Drive	Amount
City State Zip Code	55.00
Bogalusa LA 70427	Transaction ID : 62f8fe99-7ab9-421d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Dist	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	55.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	09 29 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jodi Fountain	09 27 2014
	Mailing Address 1010 S Dogwood Drive	Amount
	City State Zip Code	13.80
	Bogalusa LA 70427	Transaction ID: 20433257-da67-45f4-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	
		Other (specify) -
	Full Name of Payee Tim A Bachot	Date of Public Distribution/Dissemination
	Mailing Address 1500 Martens Dr Apt B	09 27 2014 Amount
	City State Zip Code	40.00
	Hammond LA 70401	Transaction ID : dc7642ea-090f-49bc-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	53.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT71	09 29 2014
	Signature	للنتيا لنا ت

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OF

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Schedule E)	EXI EIID	1101120		PAGE 11 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ / D = D / Y = Y = Y
			1	
Full Name of Payee Tim A Bachot			Date of F	
Mailing Address 1500 Martens Dr Apt B			Amount	
City	State	Zip Code		18.60
Hammond	LA	70401		ion ID : 4a3f2056-505c-4c71-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	131191.68	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Jennie Butler			Date of F	Public Distribution/Dissemination
Mailing Address 1676 Shady Creek Rd			09	
			Amount	
City	State	Zip Code		12.50
Ayden  Purpose of Expanditure	NC	28513	Transaction  Date of D	on ÍD : 901c459c-f2a6-44a3-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	333857.08	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$		• [	31.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date		29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	a ENDITONES	PAGE 12 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Frank		09 27 2014
Mailing Address 14 Ramblewood Drive		Amount
City State	Zip Code	25.00
Covington LA	70435	Transaction ID: a7910531-84a3-4242-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 27 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Frank		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14 Ramblewood Drive		Amount
City State	e Zip Code	1.65
Covington LA	70435	Transaction ID: e0e1dc1d-9b57-4a4b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		26.65
	ŕ	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	THE ENDERT EXPEND			PAGE 13 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report	48-hour report New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
	46-flour report	JOIL AIIIeilus lepo	t flied on	
Full Name of Payee Tolicia J Colbert			Date of Public	Distribution/Dissemination  27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 49 Sharon Circ	cle		Amount	
City	State	Zip Code		10.00
Greenbrier	AR	72058		D: e435ebd2-0a73-496d-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sou	ight	112580.74	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Tolicia J Colbert				Distribution/Dissemination
Mailing Address 49 Sharon C			09	27 2014
49 Sharon C	ricie		Amount	
City	State	Zip Code		0.90
Greenbrier	AR	72058	Transaction ID  Date of Disbu	: 1240131b-d7fd-495c-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sou	ught	112580.74	Disbursement For: 2014 Other (sp	Primary X General
(a) SURTOTAL of Itomized Inde	pendent Expenditures			10.00
(d) SUBTUTAL OF RETHIZED HIGO	репиет Ехрепиниез			10.90
(b) SUBTOTAL of Uniternized In	ndependent Expenditures		<b>•</b>	
(c) TOTAL Independent Expend	itures		<b>&gt;</b>	
	y that the independent expenditures stion of, any candidate or authorized rty committee or its agent.			
Ms. Emily Buchanan	[Electror	nically Filed] Date	09 29	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		TOTILO		PAGE 14 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Edward N Walker			M	of Public Distribution/Dissemination
Mailing Address 3 Girard St			Amour	09 27 2014 nt
071	01-1-	7:- 0-1-		50.00
City Ft Smith	State AR	Zip Code 72901		50.00 action ID : 5233a80d-7827-486f-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 / D D / 27 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, 1	12580.74	Disbursement 2014 Ot	For: Primary
Full Name of Payee Edward N Walker			М	of Public Distribution/Dissemination
Mailing Address 3 Girard St			Amour	
City	State	Zip Code		12.90
Ft Smith	AR	72901		ction ID : af22071a-2848-4b79-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 27 2014
Name of Federal Candidate		Support	Office Sought	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement 2014 Ot	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				62.90
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	09	29 / 2014

Schedule E)	INT EXICID	HONES	PAGE FOR SI	15 OF 85 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C005307	766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on M / D D	/
Full Name of Payee			Date of Public Distribu	ıtion/Dissemination
Sue G Walker			09 / 27	/ Y Y Y Y Y 2014
Mailing Address 3 Girard			Amount	
City	State	Zip Code		55.00
Fort Smith	AR	72901	Transaction ID : 0d41 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D D 27	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Mr. Mark L Pryor		X Oppose	President X Senat	e State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For:  Pring 2014  Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distribu	ution/Dissemination
Sue G Walker			M M / D 27	/ Y Y Y Y Y Y 2014
Mailing Address 3 Girard			Amount	
City	State	Zip Code		2.40
Fort Smith	AR	72901	Transaction ID : de737 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Mr. Mark L Pryor		Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	.,,	112580.74	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expendit	IIros			57.40
(a) SOBTOTAL OF HUMBER Independent Expendit	u103		7	37.40
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 29 / Y	2014
3. <del>3</del>				

Schedule E)	PENT EXTEND	TIONES	PAGE 16 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			09 / 27 / 2014
12020 Micoland Ell			Amount
City	State	Zip Code	70.00
Neosho	МО	64850	Transaction ID: 22a2faaa-e1f8-4efb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	112580.74	Disbursement For:  Primary  General  Qu14  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea L Hammond			09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12920 Kneeland Ln			Amount
City	State	Zip Code	45.00
Neosho	MO	64850	Transaction ID : d7122d3b-5198-4040-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	112580.74	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		115.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

Schedule E)	INI EXI END	ITOTILO	<u> </u>	PAGE 17 OF 85 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Lindsey N Rose			09	27 / 2014
Mailing Address 615 Live Oak Dr			Amount	
City	State	Zip Code		80.00
searcy	AR	72143		: f17fe5ca-1326-4030-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	112580.74	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Jennifer F Gilbert			09	27 / 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		40.00
Carriere	MS	39426		a93709ba-1531-4b7d-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	131191.68	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	120.00
			7	4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	1 7 1 1 7 1
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29	2014
•				

Sc	chedule E)	PAGE 18 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	I on
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennifer F Gilbert	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 180 McNeil Steep Hollow Rd	Amount
ŀ	City State Zip Code	29.10
	Carriere MS 39426	Transaction ID: 1f6b6a2e-2d37-4bd1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 27 / 2014
Ī	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
ľ	Full Name of Payee	Date of Public Distribution/Dissemination
Ì	Christopher L Gilbert	M = M / D = D / Y = Y = Y
-	Mailing Address 55 Lovell Johnson Rd	09 27 2014
	Mailing Address 55 Lovell Johnson Rd	Amount
Ī	City State Zip Code	50.00
	Picayune MS 39466	Transaction ID: 55509354-5d9c-4498-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / 27 / 2014
Ī	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	79.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09
	Signature	

Schedule E)				PAGE 19 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed	on M M / D D / Y Y Y Y Y Y Y
Full Name of Payee Christopher L Gilbert				Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd				09 27 2014 Amount
City St	ate	Zip Code		15.60
Picayune N	<b>IS</b>	39466		Transaction ID: cb65e6e1-9e1c-4939-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	09 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	31191.68	Disbu 2014	rsement For:  Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Joanna Kindstedt				09 27 / 2014
Mailing Address 2134 Tobaccoville Rd				Amount
City	ate	Zip Code		22.50
	NC	27045		Transaction ID: b00257d9-6c7c-4f60-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	)1	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	38.10
(b) SUBTOTAL of Unitemized Independent Expenditures	s		····· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			······ <b>▶</b>	
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate of party committee) any political party committee or its agent	r authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] D	ate 0	

Schedule E)	EXI END	TOTILO			PAGE 20 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed on	M = M /	D   D / Y   Y   Y   Y
Full Name of Payee Laura U Logie			Dat	M = M /	Distribution/Dissemination
Mailing Address 2565 Shire Circle			Am	09 ount	27 2014
City	State	Zip Code			30.00
Harrisonburg	VA	22801			D: 17c91e2d-e18c-4c64-a
Purpose of Expenditure Salary		Category/ Type 00		09	27 / 2014
Name of Federal Candidate		Support	Office Sou	aht:	House District: 00
Mr. Mark L Pryor		X Oppose			Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	12580.74	Disbursem 2014	ent For: Other (sp	Primary
Full Name of Payee			Da	te of Public	Distribution/Dissemination
Lindsey E Helms				09 /	27 2014
Mailing Address 301 N Clinic Apt 3				00	2. 2011
· ·			Am	ount	
City	State	Zip Code			80.00
Searcy	AR	72143			D: f86fe89d-0c73-47cc-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09	27 / 2014
Name of Federal Candidate		Support	Office Sou	ıght:	House District: 00
Mr. Mark L Pryor		Oppose	Pres	sident	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	112580.74	Disbursem 2014	nent For: Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			▶	<del></del>	110.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		···· <b>•</b>		1 4 1 4
(c) TOTAL Independent Expenditures			···· •		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 09	/ 29	2014
Signature					

Schedule E)	IVI EXI END	ITORES	<u> </u>	PAGE 21 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C c	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Lindsey E Helms			09	27 / 2014
Mailing Address 301 N Clinic Apt 3			Amount	
City	State	Zip Code		39.30
Searcy	AR	72143		: f0ddb93d-ce0d-4ab8-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	112580.74	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tracy M Hargett			09	27 / 2014
Mailing Address 5133 Lord Bryon Road			Amount	
City	State	Zip Code		35.00
Wilmington	NC	28405		b55abe32-0082-46e9-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09 /	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	333857.08	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ıres			74.30
			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29	2014
• · · · · · · · · · · · · · · · · · · ·				

Schedule E)	DENT EXICIO	HONES	PAGE 22 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			09 27 / 2014
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	14.40
Wilmington	NC	28405	Transaction ID: 6c48f55b-881d-4622-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	333857.08	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
James Kindstedt			09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr			Amount
City	State	Zip Code	22.50
Winston Salem	NC	27105	Transaction ID: 730b847f-4c46-4b5f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	333857.08	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		36.90
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Dat	te of Public Distribution/Dissemination
James Kindstedt	09 27 2014
Mailing Address 5510 Dogwood Dr Am	nount
City State Zip Code	5.10
Winston Salem NC 27105 Tra	ansaction ID: 47c6ea57-80fe-4c3a-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Kay Hagan	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	
Full Name of Payee Dat	Other (specify)
Clarissa Smith	te of Public Distribution/Dissemination
Mailing Address HU 10233 915 E Mancet Ave	09 27 2014 nount
City State Zip Code	50.00
	nsaction ID: 42b3d875-e549-4e2f-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 27 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Pres	sident State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	55.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ D D / Y Y Y Y Y 29 2014
Signature	

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OF

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Scł	nedule E)	EXI EIIDI	TOTALO		PAGE 24 FOR SE OF F	OF 85 ORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
W	omen Speak Out PAC				C C00530766	
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	M = M / D = D /	Y
т	Full Name of Payee				Date of Public Distribution/Di	ssemination
	Clarissa Smith				09 / 27	2014
ı	Mailing Address HU 10233 915 E Mancet Ave				mount	
t	City	State	Zip Code			28.50
	Searcy	AR	72149		ransaction ID : d40c7d66-0 late of Disbursement or Ob	
	Purpose of Expenditure Mileage		Category/ Type 00	02	09 / 27	2014
ı	Name of Federal Candidate		Support	Office S	ought: House Di	strict: 00
	Mr. Mark L Pryor		X Oppose	F	resident Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		12580.74	Disburs 2014	ement For: Primary  Other (specify) ▶	General
Γ	Full Name of Payee				Date of Public Distribution/D	issemination
	Heather A Smith				09 27	2014
ŀ	Mailing Address 995 Clairborne Rd				00 27	2014
					Amount	
ŀ	City	State	Zip Code			50.00
	Calhoun	LA	71225	Т	ansaction ID : f9b0cb82-6c Date of Disbursement or Ob	<b>I7f-4325-b</b> ligation
	Purpose of Expenditure Salary		Category/ Type 00	1	09 / 27	2014
T	Name of Federal Candidate		Support	Office	ought: House D	istrict: 00
	Ms. Mary L Landrieu		X Oppose	F	resident Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		131191.68	Disburs 2014	ement For: ☐ Primary  Other (specify) ▶	X General
(8	a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	7 7	78.50
(i	o) SUBTOTAL of Unitemized Independent Expenditure	es		····· •	1 1 4 1 1 4 1	
(0	c) TOTAL Independent Expenditures			·····		-
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	ate 09	/ DD / Y Y Y Y Y Y 29 2014	Y
	Signature		_			_

Schedule E)	DENT EXICIO	TOTILO	PAGE 25 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd			09 27 2014 Amount
Cit.	Ctata	7in Code	45.20
City Calhoun	State LA	Zip Code 71225	15.30  Transaction ID : ac18574f-bfe3-4243-9  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	31191.68	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination
Mailing Address 202 Violet St			09 27 2014 Amount
City	State	Zip Code	75.00
West Monroe	LA	71292	Transaction ID : a69cabb2-0719-4a21-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		90.30
(b) SUBTOTAL of Unitemized Independent E	xpenditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 29 2014
S.g.iataio			

Schedule E)	EXI END	TOTILO				PAGE 26 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	/I = M	/ D = D / Y = Y = Y
Full Name of Payee Susan K Hamby					M N	c Distribution/Dissemination
Mailing Address 202 Violet St				Amou	09 unt	27 2014
City S	State	Zip Code				5.40
•	LA	71292				ID: ec385d50-2400-49cd-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		09	27 2014
Name of Federal Candidate		<u> </u>	Support	Office Sough	nt:	House District: 00
Ms. Mary L Landrieu			Oppose	Presid	_	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	31191.68		Disbursemer 2014		Primary X General Decify) ▶
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Lisa Booth					M M M	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue				L		27 2011
				Amou	unt	
City	State	Zip Code				100.00
	NC	27288				D : c199ec63-ff1a-41a3-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		<sup>M</sup> 09	27 / 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District:00
Ms. Kay Hagan		X	Oppose	Presid	lent [	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	8	Disbursement 2014		Primary
			<del></del>			
(a) SUBTOTAL of Itemized Independent Expenditures				· •		105.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•		
(c) TOTAL Independent Expenditures				•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	29	/ Y Y Y Y Y 2014
Signature						

Schedule E)	DENT EXICITE	TI OTILO	PAGE 27 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	rt New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			09 27 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	19.20
Eden	NC	27288	Transaction ID : 7c9386f7-d11f-4528-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	333857.08	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Thomas Dias			09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Maryella Dr			Amount
City	State	Zip Code	80.00
Searcy	AR	72143	Transaction ID : 7c081c56-1f5b-49b8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: Primary ☐ General  2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		99.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09
- 9			

Sch	nedule E)	L/(1 L.(12.	101120				PAGE 28 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	= M /	D = D / Y = Y = Y = Y
TF	Full Name of Payee Thomas Dias					of Public	Distribution/Dissemination
<u> </u>	Mailing Address 110 Maryella Dr				Amou	09	27 2014
- 1	City Searcy	State AR	Zip Code 72143				57.00 D: f144847e-ccfd-497b-8 presement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	risement or Obligation  27 27 2014
1	Name of Federal Candidate		Su	pport	Office Sough	t:	House District:00
	Mr. Mark L Pryor			pose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 1	112580.74		Disbursement 2014 C	t For: ther (sp	Primary
	Full Name of Payee Cecilla A Rebrick					of Public	c Distribution/Dissemination
Ī	Mailing Address 5003 Allison Lane				Amou		
	City	State	Zip Code				55.00
	Ft. Smith	AR	72901		Transa Date	of Disbu	D: 311e77dc-63f4-4b2f-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	27 2014
	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor		X Op	pose	Presid	ent $\sum$	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	112580.74		Disbursemer 2014		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	\$				1 1	112.00
(b	b) SUBTOTAL of Uniternized Independent Expenditure	res			· [	-	1 1 7 1 1 7 1
(c	c) TOTAL Independent Expenditures				· [		
wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	29	2014
	Signature						

Schedule E)	JENT EXICID	HONES	PAGE 29 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cecilla A Rebrick			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane			Amount
City	State	Zip Code	1.80
Ft. Smith	AR	72901	Transaction ID : 9e9bff60-2dbe-4eac-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie L Heun			09 27 2014
Mailing Address 8026 S Wilwood Dr Apt 10	I		Amount
City	State	Zip Code	16.90
Oak Creek	WI	53154	Transaction ID: 35038ac1-b0d5-435a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,	112580.74	Disbursement For: Primary ⊠ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		18.70
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

,							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour re	eport X 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D = D /	Y I Y I Y I Y
Full Name of Payer	) 771				Date	e of Pub	lic Distribution/	Dissemination
Lynn M Jacu						M M M	27	2014
Mailing Address 47	15 Sugar Maple Ln				Am	ount		
City		State	Zip Code		-			20.00
Little Rock		AR	72212				n ID: 5165c8d3 oursement or C	
Purpose of Expend Salary	iture		Category/ Type	001		M M 09	27	2014
Name of Federal C	andidate			Support	Office Sou	ght:	House	District: 00
Mr. Mark L Pryor			X	Oppose	Pres	ident	X Senate	State: AR
Calendar Year- Per Election fo	To-Date r Office Sought	1	12580.74		Disbursem 2014		Primary specify) ▶	General
Full Name of Payer Lynn M Jacuz  Mailing Address							olic Distribution/	Dissemination 2014
City		State	Zip Code		<u> </u>			3.00
Little Rock		AR	72212				ID: 4639fe4c-e	
Purpose of Expend Mileage	iture		Category/ Type	002		09	27	2014
Name of Federal C	andidate			Support	Office Sou	ight:	House	District:00
Mr. Mark L Pryor			X	Oppose	Pres	sident	X Senate	State: AR
Calendar Year- Per Election fo	To-Date or Office Sought	, , ,	112580.7	4	Disbursem 2014		Primary specify) ▶	X General
(a) SUBTOTAL of It	emized Independent Expenditur	es			•		1 1 7	23.00
(b) SUBTOTAL of U	nitemized Independent Expendi	tures			•			
(c) TOTAL Independ	lent Expenditures				•			
with, or at the reque	rjury I certify that the independent st or suggestion of, any candidate political party committee or its	ate or authorized						
	ly Buchanan	[Electroni	ically Filed]	Date	M M M	/ 29	201	
Signature								

PAGE

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OF

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Schedule E)	INI EXPEND	TIONES		PAGE 31 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Carol L Walters			Date of Pub	olic Distribution/Dissemination
Mailing Address 1900 Glen West Way			09 Amount	27 2014
City	Ctoto	7in Codo		FF 00
City Fort Smith	State AR	Zip Code 72916		55.00 n ID: 84fb80c1-7c72-4bb8-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: 2014 Other (	Primary ⊠ General
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Carol L Walters			09	27 / 2014
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		19.20
Fort Smith	AR	72916		ID: 93ec59bd-3422-46d0-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	27 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	112580.74	Disbursement For: 2014 Other (	: ☐ Primary ☐ General (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			74.20
(2) 20212112 31 1311223 111252112311 2150131				7 7
(b) SUBTOTAL of Unitemized Independent Experience	nditures		· •	7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 / 29	
-				

Schedule E)	VI EXI END	TOTILO		PAGE 32 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Anna C Didier			M M /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 710 S College Rd Apt 84			Amount	
City	State	Zip Code		60.00
Lafayette	LA	70503		D: 2dfce0fe-572a-4e18-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, 1	31191.68	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Anna C Didier			09	27 / 2014
Mailing Address 710 S College Rd Apt 84			Amount	
City	State	Zip Code		18.30
Lafayette	LA	70503		: 98a694ae-14e0-4d2c-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	131191.68	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res			78.30
			4	4 4
(b) SUBTOTAL of Unitemized Independent Expend	litures		•	7
(c) TOTAL Independent Expenditures			<b>)</b>	1 4 1 4 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29	2014
=				

Schedule E)	ENT EXILID	ITOTILO	PAGE 33 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			09 / 27 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	75.00
Mandeville	LA	70471	Transaction ID : 35962364-2ddd-43b8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	131191.68	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			09 / 27 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	13.20
Mandeville	LA	70471	Transaction ID: 33f90b64-f0cc-451a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	131191.68	Disbursement For:  Primary  ☐ General  2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		88.20
, ,			7 7
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29 / 2014
<u>~</u>			

	edule E)	I EXI ENDI	TOTILO		PAGE 34 OF 85 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Rachel H Young				09 27 2014
	Mailing Address Box #11543 915 E Market Ave			Amou	nt
	Dity	State	Zip Code		100.00
	Searcy	AR	72149		caction ID: f55139fe-b4e7-414f-9 of Disbursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type 001		09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ν	Name of Federal Candidate		Support	Office Sough	it: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
L	Calendar Year-To-Date Per Election for Office Sought	, 1	12580.74	Disbursemen 2014 C	tt For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
-	Rachel H Young				09 27 2014
	Mailing Address Box #11543 915 E Market Ave			Amou	int
	City	State	Zip Code	$-\Gamma$	66.00
	Searcy	AR	72149		action ID: ae0ddef2-469c-4694-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 27 / 2014
1	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7 7	112580.74	Disbursemer 2014	nt For:
(a	) SUBTOTAL of Itemized Independent Expenditure	s			166.00
					7 1 7 1 7
(b	) SUBTOTAL of Unitemized Independent Expendit	ures		•	4
(с	) TOTAL Independent Expenditures			· [	
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidative committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	09	29 / 2014
	•				

Sch	hedule E)	10	01120		- +	PAGE 35 OF 85 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼	
W	omen Speak Out PAC					C00530766	
Che	ck if 24-hour report X 48-hour report New	repor	rt Amends repor	t filed on	M = M /	D = D / Y = Y = Y	
Ţ	Full Name of Payee			Dat	e of Public	Distribution/Dissemination	
	Natalie M Foutch				M M /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1057 Waldron Road			Am	ount		
	City State		Zip Code			100.00	
	LaVergne TN		37086			D: e40569e1-81f7-454d-b rsement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		09 /	27 / 2014	
h	Name of Federal Candidate		Support	Office Sou	aht:	House District: 00	
	Mr. Mark L Pryor		X Oppose		ident >		
	Calendar Year-To-Date Per Election for Office Sought	11	2580.74	Disbursem 2014	ent For: Other (spe	Primary ☐ General	
	Full Name of Payee			Dat	e of Public	: Distribution/Dissemination	
	Pamela Hooper				M M /	D D / Y Y Y Y Y	
-	Mailing Address 502 N Oak St				09	27 2014	
	Mailing Address 502 N Oak St			Am	ount		
	City State		Zip Code			37.50	
	Little Rock AR		72205	<b>Tran</b> Dat	Transaction ID : f252717b-4d58-47b6-b  Date of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		09	27 / 2014	
Ī	Name of Federal Candidate		Support	Office Sou	ight:	House District: 00	
	Mr. Mark L Pryor		X Oppose	Pres	sident		
	Calendar Year-To-Date Per Election for Office Sought	7	112580.74	Disbursem 2014	ent For: Other (spe	Primary X General	
(a	a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	-	137.50	
(k	b) SUBTOTAL of Unitemized Independent Expenditures			•			
(0	c) TOTAL Independent Expenditures			•			
W	Inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authoriarty committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Elect	tronic	cally Filed] Date	09	/ 29	/ Y Y Y Y Y Y 2014	
	Signature						

Scł	hedule E)	A: =::=:	101120				PAGE 36 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Pamela Hooper					- M /	Distribution/Dissemination
-	Mailing Address 502 N Oak St				Amou	09 nt	27 2014
-	City Sta	210	Zip Code				12.30
	Little Rock Al		72205				D: 2a7252a3-0f3d-4507-9 rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09 /	27 / 2014
1	Name of Federal Candidate		Su	ıpport	Office Sough	t;	House District: 00
	Mr. Mark L Pryor			opose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	12580.74		Disbursemen 2014 O	t For: ther (sp	Primary
	Full Name of Payee James R Hooper  Mailing Address 502 N Oak St					09 <sup>M</sup>	c Distribution/Dissemination
-	City Sta	ate	Zip Code		-		37.50
	Little Rock A		72205		Transa Date	of Disbu	D: 7d9b87d3-b833-428e-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	27 / 2014
	Name of Federal Candidate		Su	upport	Office Sough	ıt:	House District:00
	Mr. Mark L Pryor		X Op	opose	Preside		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		112580.74		Disbursemer 2014 C		Primary X General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures				•	7	49.80
(l	b) SUBTOTAL of Unitemized Independent Expenditures.				•		
(0	c) TOTAL Independent Expenditures				<b>•</b>		
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	29	2014
	Signature						

Sc	chedule E)	PAGE 37 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	neck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
7	Full Name of Payee	Date of Public Distribution/Dissemination
	Sandra C Montalbano	09 27 2014
	Mailing Address 4177 Lowerline St	Amount
	City State Zip Code	40.00
	Slidell LA 70461	Transaction ID: 49fedcda-45b5-47a5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 / 27 / 2014
Ì	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	orsement For: Primary ⊠ General  Other (specify) ▶
Ī	Full Name of Payee	Date of Public Distribution/Dissemination
Ì	Sandra C Montalbano	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4177 Lowerline St	09 27 2014
	4177 Lowelinic Ct	Amount
	City State Zip Code	3.60
		Transaction ID : dd51c1a0-3967-4bb5-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 27 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	43.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	9 29 2014
	Signature	

Schedule E)	PAGE 38 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Sandra L Clarke	Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6	09 27 2014 Amount
City State Zip Code	30.00
Conway AR 72032	Transaction ID: f0f5d02b-2532-4ec0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 27 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Matt M Clarke	09 27 2014
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	30.00
Conway AR 72032	Transaction ID: 5017aa69-aaf5-49e6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 27 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
•	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	9 29 2014
Signature	

Sch	edule E)	1 <b>-</b> /(1 - (1 - )	1101120		PAGE 39 OF 85 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
TF	Full Name of Payee			Date of	Public Distribution/Dissemination
	Matt M Clarke			M	09 27 2014
N	Mailing Address 1254 Fleming St Apt 6			Amoun	t
	Dity	State	Zip Code		3.00
	Conway	AR	72032		ction ID : 1f58a178-047e-4221-a f Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Γ	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Mr. Mark L Pryor		X Oppose	Presider	nt Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	112580.74	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
F	Full Name of Payee			Date o	f Public Distribution/Dissemination
	Corey S McKnight				09 27 2014
1	Mailing Address 1510 Bailey St				2017
	•			Amoun	t
	City	State	Zip Code		52.50
	West Monroe	LA	71292	Transac Date o	ction ID : 646c1054-4a97-4727-9 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 27 / 2014
1	Name of Federal Candidate		Support	Office Sought	: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	131191.68	Disbursement 2014 Ot	For: Primary X General
(a	) SUBTOTAL of Itemized Independent Expenditure	}S		· •	55.50
(b	) SUBTOTAL of Unitemized Independent Expendit	iures		•	7
(с	) TOTAL Independent Expenditures			· [	7 7 7
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidatry committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 09	29 2014
	Signature		_		

Schedule E)	LIVI EXI END	ITOTILO	<u> </u>	PAGE 40 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Corey S McKnight			M 09 /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1510 Bailey St			Amount	
City	State	Zip Code		1.59
West Monroe	LA	71292		: 17f720a1-889f-4bea-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	131191.68	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Diane Smith			09	27 / 2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		33.00
Raleigh	NC	27610		ddacecfd-24fe-45a6-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	333857.08	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	34.59
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29	2014
z.g				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Diane Smith	09 27 2014
	Mailing Address 4006 Wolkswalk Place	Amount
	City State Zip Code	4.50
	Raleigh NC 27610	Transaction ID : 32b7b115-cb90-41fc-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Lauren N Hamel	Date of Public Distribution/Dissemination
	Mailing Address PO Box 398	09 27 2014 Amount
	City State Zip Code	90.00
	Neosho MO 64850	Transaction ID : f0438c73-0e26-4701-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / 27 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	94.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	CT1	09 29 2014
	Signature	
_		

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OF

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Schedule E)	LIVI EXI LIVE	TIONES		42 OF 85 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Lauren N Hamel			09 / D D D 27	2014
Mailing Address PO Box 398			Amount	
City	State	Zip Code		46.80
Neosho	МО	64850	Transaction ID : 2eafca	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: Prim 2014 Other (specify) ▶	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Brittany A Frederick			09 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 18793 Hilltop Ln			Amount	
City	State	Zip Code		90.00
Nevada	TX	75173	Transaction ID : 90a0b3  Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	, , ,	112580.74	Disbursement For: Prim 2014  Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			136.80
(4)			7	100.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		<b>&gt;</b>	p
(c) TOTAL Independent Expenditures			·	p 1 4
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		y y y 2014
•				

Schedule E)	PAGE 43 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report An	nends report filed on
Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
Mailing Address 506 N Horton Street	09 27 2014
	Amount
City State Zip Code	90.00
Searcy AR 72143	Transaction ID: 77c408ed-93b0-48c7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Parker H Morrow	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street	Amount
City State Zip Code	32,40
Searcy AR 72143	Transaction ID : 1112b581-aff2-4460-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Marie I Brassa	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 112580.7	Disbursement For: Primary General 2014 Other (specify)
·	
(a) SUBTOTAL of Itemized Independent Expenditures	122.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 / 29 / 2014
Signature	

Schedule E)	HI EXI END	TOTILO		PAGE 44 OF 85 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼		
Vomen Speak Out PAC						
heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of F	Public Distribution/Dissemination		
Rebecca A Shearer			M 09			
Mailing Address 6544 Arno College Grove Rd			Amount			
City	State	Zip Code		90.00		
College Grove	TN	37046		ion ID: 6b57ddb0-08b6-434a-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	1	12580.74	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶		
Full Name of Payee			Date of F	Public Distribution/Dissemination		
Rebecca A Shearer			M 09			
Mailing Address 6544 Arno College Grove Rd			Amount			
City	State	Zip Code		32.40		
College Grove	TN	37046		on ID: 15293bea-84b2-465e-9 Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M 09			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7	112580.74	Disbursement F 2014 Othe	or:		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	122.40		
				7 1 7 1 7		
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	7		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		29 / 2014		
• · · · · · · · · · · · · · · · · · · ·						

Mailing Address 3300 Asher Ave  City State Zip Code  Little Rock AR 72204  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate  Support Office Sought: House Distriction of the content of the c	UMBER ▼
Check if 24-hour report	
Check if 24-hour report	
Kevin L Battle  Mailing Address 3300 Asher Ave  Amount  City State Zip Code  Little Rock AR 72204  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Mr. Mark I. Prior	Y
Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Mr. Mark I. Prior	mination
City State Zip Code  Little Rock AR 72204 Transaction ID : 18bd1219-c03 Date of Disbursement or Obliga  Purpose of Expenditure Salary Category/ Type 001 Model Proof  Name of Federal Candidate  Support Office Sought: House Distriction of the control of the contr	2014
Little Rock  AR  72204  Transaction ID: 18bd1219-c03 Date of Disbursement or Obliga  Purpose of Expenditure Salary  Category/ Type  On  Office Sought: House Distriction  Mr. Mark I. Prior	
Little Rock  AR  72204  Transaction ID: 18bd1219-c03 Date of Disbursement or Obliga  Purpose of Expenditure Salary  Category/ Type  On  Office Sought: House Distriction  Mr. Mark I. Prior	70.00
Purpose of Expenditure Salary  Category/ Type  Out  Office Sought:  House District  Mr. Mark I. Prior	
Mr. Mark I. Prior	2014
Mr. Mark L Pryor	ct:00
Senate Sta	te: AR
Calendar Year-To-Date Per Election for Office Sought  112580.74  Disbursement For: □ Primary 2014 □ Other (specify) ▶	<b>G</b> eneral
Full Name of Payee Date of Public Distribution/Disse	emination
09 27	2014
Mailing Address 3300 Asher Ave Amount	
City State Zip Code	27.60
Little Rock AR 72204 Transaction ID : 1f019410-0d1c- Date of Disbursement or Obliga	
Purpose of Expenditure Mileage  Category/ Type  002  09  27	2014
Name of Federal Candidate Support Office Sought: House Distri	ct:00
Mr. Mark L Pryor	te: AR
Calendar Year-To-Date Per Election for Office Sought  112580.74  Disbursement For: □ Primary 2014 □ Other (specify) ▶	<b>≺</b> General
(a) SUBTOTAL of Itemized Independent Expenditures	97.60
(a) CODITION OF NOTING OF	57.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	420
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 09 29 2014  Signature	

Schedule E)	PENT EXTEND	TIONES	PAGE 46 FOR SE OF	OF 85 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	N NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/I	Dissemination
Ashley n Thompson			09 / 27	2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		45.00
Lexington	NC	27295	Transaction ID : b973bda2 Date of Disbursement or O	
Purpose of Expenditure Salary		Category/ Type 001	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: House [	District: 00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7	333857.08	Disbursement For:  Primary 2014  Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/l	Dissemination
Katie A Barros			09 / 27 /	2014
Mailing Address PO Box 398			Amount	
City	State	Zip Code		95.00
Neosho	MO	64850	Transaction ID: 106e7034-8  Date of Disbursement or O	
Purpose of Expenditure Salary		Category/ Type 001	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: House I	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For:  Primary 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Exper	ditures			140.00
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 29 / 2014	
- 3				

Schedule E)	DENT EX ELLS.	1101120		PAGE 47 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repo	ort New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
James A Sears			Date of Publ	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 305 Averroe Dr			Amount	
City	State	Zip Code		60.00
Apex	NC	27502		ID: 47f74c47-6f55-4d44-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Randy G Lookabill				lic Distribution/Dissemination
			09	27 2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code		45.00
Lexington	NC	27295	Transaction I Date of Disk	ID: cf73635d-5953-4de9-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 <sup>M</sup>	27 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	enditures			105.00
				7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 29	2014
Signature		_		

Schedule E)	MI EX EXE	1101120		PAGE 48 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Randy G Lookabill	<u>/</u>		Date of Pub	lic Distribution/Dissemination
Mailing Address 200 Carawood Lane			Amount	27 2014
	Otata	70.004		12.20
City Lexington	State NC	Zip Code 27295		12.30 ID: 1f3fd295-69c9-4a1f-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 Date of Dist	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For: 2014 Other (s	Primary X General
Full Name of Payee Mary R Kirkland  Mailing Address 504 Green Meadow Dr			Date of Pub 09 Amount	olic Distribution/Dissemination  / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		95.00
Boyd	TX	76023	Transaction Date of Dis	ID: cb714132-2a29-45ef-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: 2014 Other (	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>&gt;</b>	107.30
(b) SUBTOTAL of Unitemized Independent Exper	ıditures		· •	7
(c) TOTAL Independent Expenditures			·	4 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 / 29	2014
Signature				

NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	Public Distribution/Dissemination
Mary R Kirkland	27 2014
Mailing Address 504 Green Meadow Dr  Amount	
City State Zip Code	43.50
Boyd TX 76023 <b>Transacti</b>	ion ID : 1a7cd869-0fa2-4646-b bisbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002  09	
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor  Oppose  President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	or: Primary ⊠ General  r (specify) ▶
	Public Distribution/Dissemination
Joshua D Syrotchen	27 2014
Mailing Address 915 East Market Ave Amount	
City State Zip Code	110.00
	on ID: a39e6177-a65a-4dd5-8 Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	153.50
(a) COSTOTINE OF ROME EXPONENTIAL CONTINUES OF ROME EXPONENTIAL CO	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXTEND	TTOTILO	PAGE 50 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave			09 27 2014 Amount
	0	7: 0 !	
City Searcy	State AR	Zip Code 72149	86.10  Transaction ID: b2607eca-a3e4-49be-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			09 27 2014
			Amount
City	State	Zip Code	55.00
Monroe  Purpose of Expenditure	LA	71212	Transaction ID : 859745cd-cd35-4148-9 Date of Disbursement or Obligation
Salary		Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		141.10
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
			7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Michael A Toomey		09 27 2014
Mailing Address 4120 Bon Aire Dr Apt 6307	An	nount
City Sta	ate Zip Code	5.55
Monroe L		ansaction ID : 5c0f5fba-ed71-4f52-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate	Support Office Soil	ught: House District: 00
Ms. Mary L Landrieu	Oppose Pre	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee	Do	ate of Public Distribution/Dissemination
Dylan J Sparks	Da	09 27 2014
Mailing Address 915 East Market Ave	An	nount
City	ate Zip Code	110.00
Searcy A		nsaction ID: 01bc3788-86d8-4fcf-a tte of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	112580.74 Disburser 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	115.55
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	29 / 2014
Signature		

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Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
	09 / 27 / 2014
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	90.00
Conway AR 72032	Transaction ID: 4a3a068a-f2d0-4c86-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut	orsement For: Primary
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
Brerida L iviccurie	09 / 27 / 2014
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	12.60
Conway AR 72032	Transaction ID: 2c5da214-25d2-4421-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 27 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	102.60
(b) SUBTOTAL of Unitemized Independent Expenditures	42 1 42 1 42
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 0	9 29 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lee R Carter	09 27 2014
	Mailing Address 3110 Brentwood Rd	Amount
	City State Zip Code	55.00
	Raleigh NC 27604	Transaction ID: e2c2e6e9-9aeb-4054-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 333857.08  Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee  Lee R Carter	Date of Public Distribution/Dissemination
	Mailing Address 3110 Brentwood Rd	09 27 2014 Amount
	City State Zip Code	13.80
	Raleigh NC 27604	Transaction ID : 3b6400fb-dc64-46f4-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	68.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		09 29 2014
	Signature	
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OF

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Schedule E)	LIVI EXI END	ITOTILO	PAGE FOR SE	54 OF 85 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053070	66
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribut	tion/Dissemination
Mailing Address 629 Radiance Ave			09 27	2014
			Amount	
City	State	Zip Code		65.00
Metairie	LA	70001	Transaction ID : 47cck  Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	e State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For: Prim 2014 Other (specify) ▶	nary Seneral
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Evelyn Lesaicherre			09 / 27	2014
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code		5.40
Metairie	LA	70001	Transaction ID : 017289  Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	e State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,,	131191.68	Disbursement For: Prin 2014  Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			70.40
			4	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	,
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 29 / Y	2014
z.g				

Schedule E)	AFLIND	TORLS			GE 55 OF 85 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC				C coo	530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M = M / C	) = D / Y = Y = Y
Full Name of Payee Todd Ellis			Date		stribution/Dissemination
Mailing Address P.O. Box 712				09	27 2014
			Amo	ount	
City		Zip Code			95.00
Alexander AF	₹	72002			84a63633-cc10-4ee5-b ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M M / D	27 2014
Name of Federal Candidate		Support	Office Sou	ght: F	House District: 00
Mr. Mark L Pryor		Oppose	Presi	dent X S	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	12580.74	Disburseme 2014	ent For: Other (specif	Primary
Full Name of Payee			Date	e of Public Di	stribution/Dissemination
Todd Ellis				09 /	27 / 2014
Mailing Address P.O. Box 712			Amo	ount	
City Sta	ite	Zip Code			29.40
Alexander AF	R	72002			b1df494-2ef1-4496-a ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002			27 / 2014
Name of Federal Candidate		Support	Office Sou	ght: I	House District: 00
Mr. Mark L Pryor		Oppose	Pres		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement 2014	ent For: Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expenditures					124.40
				7	7 -
(b) SUBTOTAL of Unitemized Independent Expenditures.			•		42-1-42-1
(c) TOTAL Independent Expenditures			•	-9-	7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	29	2014
Signature					

Schedule E)	LIVI EXI END	HONES	PAGE 56 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary C Lee			09 27 2014
Mailing Address 1030 N Coolidge Ave			Amount
City	State	Zip Code	90.00
Gonzales	LA	70737	Transaction ID: eeb1b83d-37db-44c7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	131191.68	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Mary C Lee			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount
City	State	Zip Code	9.63
Gonzales	LA	70737	Transaction ID : f5c22822-6f46-4284-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		99.63
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>5</b>			

Schedule E)	PAGE 57 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D = D / Y = Y = Y
Full Name of Payee Benjamin Hernandez	Date of Public Distribution/Dissemination
Mailing Address 915 E Market Ave	09 27 2014
Thamily realises 915 E Market Ave	Amount
City State Zip Code	55.00
Searcy AR 72149	Transaction ID: 186003ad-7ec0-490d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Benjamin Hernandez	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave	Amount
City State Zip Code	26.40
Searcy AR 72149	Transaction ID: ab85c021-b39d-4475-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	81.40
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	9 29 2014
Signature	

Schedule E)	DENT EXTEND	ITOTIES	PAGE 58 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Hannah J Landry			09 27 2014
Mailing Address 1110 N Coolidge			Amount
City	State	Zip Code	100.00
Gonzales	LA	70737	Transaction ID: 97e41e55-5320-4568-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Hannah J Landry			09 27 2014
Mailing Address 1110 N Coolidge			Amount
City	State	Zip Code	18.45
Gonzales	LA	70737	Transaction ID: 38b334a9-0d1d-4265-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 27 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		118.45
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI EXI LIVE	HONES	PAGE 59 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 27 2014  Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : 6065305f-009a-4413-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 27 2014 Amount
City	State	Zip Code	17.10
Greensboro	NC	27407	Transaction ID : 6716936f-f845-4e81-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 27 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		97.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g. accio			

Schedule E)	LIVI EXPEND	iii ones	PAGE 60 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on M M / D D / Y Y Y Y Y
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			09 27 2014 Amount
City	State	Zip Code	50.00
Berryville	VA	22611	Transaction ID: 77d5bf5a-11da-479e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	112580.74	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			09 27 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	30.00
Boone	NC	28607	Transaction ID: ec39fb49-fef9-4b99-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	333857.08	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 80.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 29 / 2014
•			

Schedule E)	LIVI EXI EIVE	ATOTILO	PAGE 61 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			09 / 27 / 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	5.70
Boone	NC	28607	Transaction ID : 3a2af0d7-854f-4715-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	333857.08	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Beverly Williams			09 27 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : d9f5cb40-6d9c-4145-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		85.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 29 / 2014
Signature			

Sch	edule E)				PAGE 62 OF 85 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	-M / D - D / Y - Y - Y - Y
	Full Name of Payee Patrice Wolfe				of Public Distribution/Dissemination
M	Mailing Address 9909 Treasure Hill Rd				09 27 2014
	<del></del>				07.50
-	City Little Rock	State AR	Zip Code 72205		37.50 action ID : a32e33a0-86c1-4d5c-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate		Support	Office Sought	t: House District:00
ľ	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	112580.74	Disbursement 2014 Ot	t For: Primary X General
	Full Name of Payee Patrice Wolfe			M	of Public Distribution/Dissemination
٨	Mailing Address 9909 Treasure Hill Rd			Amour	nt
C	Dity	State	Zip Code		9.60
_	Little Rock	AR	72205	Transa Date o	ction ID : 446684a9-4cae-46a4-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 27 / 2014
- 1	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures	S		· []	47.10
(b)	) SUBTOTAL of Unitemized Independent Expenditu	ures		. •	
(c)	) TOTAL Independent Expenditures			· [	
wit	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	9 09 /	29 2014
	Signature				

Sch	edule E)	<b>L</b> /(1 <b>L</b> )(2)	1101120		PAGE 63 OF 85 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee			Date of	of Public Distribution/Dissemination
	Gary W Fuhrmann				09 / 27 / 2014
IV	Mailing Address 9425 Jessica Drive			Amou	nt
С	Dity	State	Zip Code		82.50
	Shreveport	LA	71106		action ID: 9d783af5-acd6-4b53-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sough	t: House District:00
N	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	131191.68	Disbursemen 2014 O	t For: Primary
F	Full Name of Payee			Date	of Public Distribution/Dissemination
'	Gary W Fuhrmann			TN	09 27 2014
N	Mailing Address 9425 Jessica Drive			A mou	
				Amou	nt
C	Dity	State	Zip Code		11.40
	Shreveport	LA	71106	Transa Date	of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	N	09 / 27 / 2014
- 1	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	131191.68	Disbursemen 2014	other (specify) ►
(a)	) SUBTOTAL of Itemized Independent Expenditures	3		<b>•</b>	93.90
(b)	) SUBTOTAL of Unitemized Independent Expenditu	res		• <u> </u>	7 1 7 1 7 1
(c)	) TOTAL Independent Expenditures			· [	7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	29 / 2014
	Signature		_		

Schedule E)	PAGE 64 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mattie Harris	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St	Amount
City State Zip Code	85.00
springdale AR 72762	Transaction ID: 85857514-f420-42f7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Dis 20:	sbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mattie Harris	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St	
	Amount
City State Zip Code	18.60
springdale AR 72762	Transaction ID : 54e154c7-38ec-4038-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 27 / 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
	isbursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	103.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INT EXTEND	ITORES	PAGE 65 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Paul Rickert			09 27 2014
Mailing Address 710 St. Martins Lane			Amount
City	State	Zip Code	35.00
Bossier City	LA	71111	Transaction ID: 50a2d9d2-4494-4aa0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	333857.08	Disbursement For:  Primary  General  Q014  Gther (specify) ▶
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination
			09 27 2014
Mailing Address 710 St. Martins Lane			Amount
City	State	Zip Code	3.90
Bossier City	LA	71111	Transaction ID : df05aaaf-2cb8-44b2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	333857.08	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		38.90
(-,			7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	JENT EXICIO	HONES	PAGE 66 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Claire A Smith			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6610 Walcott Rd			Amount
City	State	Zip Code	55.00
Paragoud	AR	72450	Transaction ID: 74d68e53-85b7-41bc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Claire A Smith			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6610 Walcott Rd			Amount
City	State	Zip Code	21.75
Paragoud	AR	72450	Transaction ID: 4de532b9-4e44-4aa4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	112580.74	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		76.75
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>)</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	TOTILO	PAGE 67 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	ort Amends report f	iled on O O O O O O O O O O O O O O O O O O
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr		09 27 2014  Amount
City State	Zip Code	55.00
Search AR	72149	Transaction ID : 2a6a622f-dee7-4194-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Anthony Pearson		09 27 2014
Mailing Address 112 apache Dr		Amount
City State	Zip Code	21.75
Search AR	72149	Transaction ID: 4e318985-6509-4d73-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary  General  General  General  General  General  General
(a) SUBTOTAL of Itemized Independent Expenditures		76.75
(b) SUBTOTAL of Unitemized Independent Expenditures	·······	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	09 29 2014
Signature		

Schedule E)	DENT EXTEND	TOTILO	PAGE FOR S	68 OF 85 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee Francis Richardson			Date of Public Distrib	/ Y = Y = Y
Mailing Address 220 Doucet Rd			09 27 Amount	2014
City	Ctoto	Zin Cada		90.00
City  Lafayette	State LA	Zip Code 70503	Transaction ID : 6b54 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / 27	) / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		X Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	, , ,	31191.68	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
Full Name of Payee Francis Richardson			Date of Public Distrib	
Mailing Address 220 Doucet Rd			09 27 Amount	
			Amount	
City  Lafayette	State LA	Zip Code 70503	Transaction ID : 7ae6	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursemen	) / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House	se District: 00
Ms. Mary L Landrieu		X Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For: Pr 2014 Other (specify) ▶	imary General
(a) SUBTOTAL of Itemized Independent Exper	nditures		<b>.</b>	87.23
(b) SUBTOTAL of Uniternized Independent Exp	pandituras			*
(b) SOBTOTAL OF OTHER MIZE OF THE PROPERTY LAND	perialiares		-	4
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any car party committee) any political party committee	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 29 / Y	2014

Schedule E)		PAGE 69 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
Full Name of Payee Rose T Walker		Date of Public Distribution/Dissemination
Mailing Address 6403 E Admiral Doyle Dr		09 27 2014 Amount
City State	Zip Code	60.00
Jeanerette LA	70544	Transaction ID : bec4156f-f104-4b91-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	131191.68 Dis 201	bursement For:  Primary  General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Rose T Walker		09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6403 E Admiral Doyle Dr		Amount
City State	Zip Code	16.80
Jeanerette LA  Purpose of Expenditure	70544	Transaction ID: 8f4df188-57c3-4a89-8 Date of Disbursement or Obligation
Mileage	Category/ Type 002	09 27 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	131191.68 Dis	Sbursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	76.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	09 / 29 / 2014

Schedule E)	IIII EXI EIID	II OILO		PAGE 70 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Rose T Walker				blic Distribution/Dissemination
Mailing Address 6403 E Admiral Doyle Dr			09	27 2014
			Amount	
City	State	Zip Code		60.00
Jeanerette	LA	70544		n ID: 51f50f2c-0b00-49ef-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	<sup>7</sup> 27
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Rose T Walker			M M M 09	27 2014
Mailing Address 6403 E Admiral Doyle Dr			Amount	
City	State	Zip Code		16.80
Jeanerette	LA	70544		n ID: 98c83609-e78a-4d36-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	27 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Expend	ituros			76 90
(a) CODICIAL OF Remized Independent Expend	tures			76.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 / 29	
Signature		_		

Schedule E)	120	PAGE 71 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
	M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed on	
Full Name of Payee Gregory Green		f Public Distribution/Dissemination
Mailing Address 2506 Bolch Street		09 27 2014
2000 Boild Girect	Amoun	ıt
City State Zip (	Code	60.00
Shreveport LA 7110		action ID : 66bd503a-3c93-437a-a f Disbursement or Obligation
Purpose of Expenditure Salary Cat	tegory/	09 Z7 Z014
Name of Federal Candidate	Support Office Sought	: House District: 00
Ms. Mary L Landrieu	X Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee		of Public Distribution/Dissemination
Gregory Green	М	-M / D - D / Y - Y - Y - Y
Mailing Address 2506 Bolch Street	L	09 27 2014
2506 Bolch Street	Amour	nt
City State Zip (	Code	46.20
Shreveport LA 711		ction ID : b81ab89b-cac4-41c0-b of Disbursement or Obligation
Purpose of Expenditure Mileage  Cat	tegory/	09 / 27 / 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	X Oppose Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ot	t For: Primary
•		
(a) SUBTOTAL of Itemized Independent Expenditures	······	106.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures repowith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 09	29 2014
Signature	24.0	

Schedule E)	LIVI EXI END	ITOTILO		PAGE 72 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Suzanna M Bradley			Date of Public	Distribution/Dissemination
Mailing Address 1002 W Spring St			09	27 2014
			Amount	
City	State	Zip Code		70.00
Collinsville	OK	74021		D: f307a5d7-9f28-442a-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Suzanna M Bradley			09	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1002 W Spring St			Amount	
City	State	Zip Code		40.50
Collinsville	OK	74021		: <b>0bab6f20-49a8-406f-9</b> rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	112580.74	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures			110.50
,,				7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 29	2014
Signature				

Schedule E)	LIVI EXI END	TIONES	PAGE 73 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Charity A Carr			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 13827 S E 44th St			Amount
City	State	Zip Code	70.00
Choctaw	OK	73020	Transaction ID : 22e33652-f74c-4c1e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	60.00
Shreveport	LA	71119	Transaction ID: 4975a098-0842-4851-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	131191.68	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		130.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Scl	hedule E)	MI LIVE	TOTILO		- +	PAGE 74 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
					M = M /	D = D / Y = Y = Y
_		≺ New repo	ort	port filed on		
	Full Name of Payee Lilly Green			Da	ate of Public	Distribution/Dissemination  27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle			Ar	mount	21 2017
ŀ	City Sta		Zip Code	— Г		27.90
		_A	71119			D: c4373490-8aab-4228-b rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00:	-	M M / 09	27 / 2014
t	Name of Federal Candidate		Support	Office So	ought:	House District: 00
	Ms. Mary L Landrieu		Oppose		esident >	
	Calendar Year-To-Date Per Election for Office Sought	1	31191.68	Disburser 2014	ment For: Other (spe	Primary
	Full Name of Payee			D	ate of Public	Distribution/Dissemination
	Windy Hageman				09 /	27 2014
ľ	Mailing Address 5521 Randolph St.					
				Ai	mount	
ŀ	City Sta	ate	Zip Code			70.00
		LA	70072	<b>Tra</b>	<b>nsaction ID</b> ate of Disbu	: 88f4ac24-657f-48d2-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	1	09	27
Ī	Name of Federal Candidate		Support	Office Sc	ought:	House District:00
L	Ms. Mary L Landrieu		Oppose	Pre	esident	
	Calendar Year-To-Date Per Election for Office Sought		131191.68	Disburse 2014	ment For: Other (spe	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	7	97.90
(I	b) SUBTOTAL of Unitemized Independent Expenditures	·		···· <b>\</b>		
(0	c) TOTAL Independent Expenditures			···· • [		
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 09	/ 29	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature					

Schedule E)	LIVI EXI END	HONES	PAGE 75 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.			09 27 2014 Amount
City Marrero	State LA	Zip Code 70072	8.70 Transaction ID : 01ecac8a-16ca-449c-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 / 27 / 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	20.00
Greensboro	NC	27407	Transaction ID : c5907113-74ed-42f2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	333857.08	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		28.70
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(a) actionize of commentation independent Exp			7 7 7
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 29 2014
Signaturo			

Sch	nedule E)		110.120		-	PAGE 76 OF 85 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C	00530766
Chec	ck if 24-hour report X 48-hour report Nev	w repo	ort Amends repor	rt filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee			Do	t: of Dublic	D'-tribution/Discomination
	Eleanor McCoy			Da	te of Public	Distribution/Dissemination  27 2014
N	Mailing Address 4902 Catawba Dr			Am	nount	
	City State		Zip Code			9.60
	Greensboro NC		27407			<b>D : fa7c8aa6-3078-4342-9</b> sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M / 09	27 / 2014
1	Name of Federal Candidate		Support	Office Sou	ıaht:	House District: 00
	Ms. Kay Hagan		X Oppose		sident X	NO.
	Calendar Year-To-Date Per Election for Office Sought	3	333857.08	Disbursen 2014	nent For: [ Other (spe	Primary
	Full Name of Payee			Da	te of Public	Distribution/Dissemination
	Debra Lindsey				09 /	27 2014
	Mailing Address 119 Goldenwood Dr				US	2014
				An	nount	
	City State		Zip Code			50.00
	Slidell LA		70461	<b>Tra</b> i Da	nsaction ID te of Disbur	: 46cc9daa-adfc-4aa8-9 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09	27 / 2014
1	Name of Federal Candidate		Support	Office So	ught:	House District:00
	Ms. Mary L Landrieu		X Oppose	Pre	sident	
	Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursen 2014	nent For:  Other (spe	Primary X General ecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>		59.60
(b	o) SUBTOTAL of Unitemized Independent Expenditures			•		
(с	c) TOTAL Independent Expenditures			•		
wi	nder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	ectron	ically Filed] Date	M M M	/ 29	2014
	Signature		_			

Sched	lule E)	1 =/(1 = (1 = )	1101120		PAGE 77 OF 85 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full	Name of Payee			Date o	of Public Distribution/Dissemination
De	ebra Lindsey			M	09 27 2014
Mail	ling Address 119 Goldenwood Dr			Amour	nt
City		State	Zip Code		13.80
Slic		LA	70461		action ID: 073a924c-50b7-4e8e-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sought	:: House District: 00
Ms.	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, 1	131191.68	Disbursement 2014 Ot	For: Primary
Full	Name of Payee			Date of	of Public Distribution/Dissemination
Jo	shua E Sherman				M / D D / Y Y Y Y
Mai	ling Address 119 Goldenwood Dr			<u> </u>	09 27 2014
	I 19 Goldeliwood Di			Amour	nt
City	ı	State	Zip Code		50.00
	dell	LA	70461	Transa Date o	ction ID : ea69b161-b193-41ea-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	М	09 / D D / Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	131191.68	Disbursement 2014 Of	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	эs		•	63.80
(b) S	SUBTOTAL of Unitemized Independent Expendit	tures		•	
(c) T	TOTAL Independent Expenditures			•	7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	29 2014
Si	ignature		_		

Schedule E)	DENT EXTEND	ITORES	PAGE 78 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination
Mailing Address 119 Goldenwood Dr			09 27 2014 Amount
City Slidell	State LA	Zip Code 70461	13.80  Transaction ID: 6b35c880-155e-4e0d-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		131191.68	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			09 27 2014 Amount
			Amount
City Searcy	State AR	Zip Code 72143	60.00 Transaction ID: 295ee484-95b1-4d8f-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		112580.74	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		73.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			4 4
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 29 / 2014

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Shelbi L Randall	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave Apt 40	Amount
City State Zip Code	34.41
Searcy AR 72143	Transaction ID: 72b72dda-54c8-4f3a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  112580.74	Disbursement For: Primary General 2014
	Other (specify) -
Full Name of Payee Taylor N Randall	Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave	09 27 2014 Amount
Apt 40	
City State Zip Code	60.00
Searcy AR 72143	Transaction ID : 1b7bd125-d015-4283-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  O01	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	94.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 29 2014
Signature	

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Schedule E)	INT EXTEND	TIONES	PAGE 80 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			09 27 2014 Amount
		7: 0 !	70.00
City Shelby	State NC	Zip Code 28152	72.00  Transaction ID : ac408e79-1f03-4fcf-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	333857.08	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			09 27 2014 Amount
City	State	Zip Code	14.70
Shelby	NC	28152	Transaction ID : 57b3aebe-34fe-4126-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	333857.08	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expend	tures		86.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
5.g.iatai 5			

Schedul	le E)	1 E/N E.1.5.	1101120		PAGE 81 OF 85 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y = Y
	ame of Payee k McNair				of Public Distribution/Dissemination
Mailing	Address 11 Cooper Lane			Amou	09 27 2014
				,	unt
City			Zip Code		36.00
Conw		AR	72034		saction ID: badea9d1-668b-4733-9 of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001		09 / 27 / 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Presid	
	alendar Year-To-Date er Election for Office Sought	1	112580.74	Disbursemen 2014	nt For: Primary X General  Other (specify) ▶
Full Na	ame of Payee				of Public Distribution/Dissemination
	k McNair				M = M / D = D / Y = Y = Y
Mailing	g Address 11 Cooper Lane				09 27 2014
	g Address 11 Cooper Lane			Amo	unt
City		State	Zip Code		5.40
Conw	ray	AR	72034	<b>Trans</b> Date	action ID: 56aa9e42-c822-4a5a-9 of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		09 / 27 / 2014
Name	of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. M	ark L Pryor		X Oppose	Presid	dent State: AR
	Calendar Year-To-Date Per Election for Office Sought		112580.74	Disburseme 2014	nt For:
(a) SUE	BTOTAL of Itemized Independent Expenditure	:S		▶	41.40
(b) SUE	BTOTAL of Unitemized Independent Expendit	ures		<b>-</b>	7
(c) TO1	FAL Independent Expenditures			··· <b>·</b>	
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida ommittee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 09	29 2014
Sign	ature				

Schedule E)	LIVI LXI LIVL	TIONES	PAGE 82 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			09 / 27 / 2014
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	12.50
Ayden	NC	28513	Transaction ID : 21bacdf7-b4a6-4783-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	9.00
Ayden	NC	28513	Transaction ID : ecb8e9b7-257a-4a7c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		333857.08	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expendent	litures		21.50
(b) CURTOTAL of Unitersized Independent Fun			7 7 7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2.9			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Kacie Gleb	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road	Amount
City State Zip Code	12.50
Ayden NC 28513	Transaction ID: 536cd6a0-f590-4eb8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 333857.08	Disbursement For:  Primary  General 2014
Full Name of Payee	Date of Public Distribution/Dissemination
ERIC TABARY	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST	Amount
City State Zip Code	60.00
METAIRIE LA 70003	Transaction ID : a7774bde-8dd7-40cc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 27 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  131191.68	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	72.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 29 2014
Signature	

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Schedule E)				PAGE 84 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report	48-hour report	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
	18-nour report	OLL Willeling lebo	rt filed off	
Full Name of Payee Randy M Gold			Date of Publi	ic Distribution/Dissemination
Mailing Address 1436 Haigs Cre	ek Dr		Amount	
City	State	Zip Code		165.00
Elgin	SC	29045		ID: b1c20b79-18ad-4de8-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	27 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ght 1	12580.74	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Randy M Gold			Date of Publ	ic Distribution/Dissemination
Mailing Address 1436 Haigs 0	 Creek Dr		09	27 2014
			Amount	
City	State	Zip Code		106.02
Elgin	SC	29045	Transaction I  Date of Disb	D: 5d8e5e70-a99c-45e5-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	27 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sou	ght	112580.74	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		•	271.02
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		· •	
(c) TOTAL Independent Expendit	tures		•	7
	that the independent expenditures tion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 29	/ Y Y Y Y Y 2014
Signature				

Schedule E)		PAGE 85 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Kaleigh J Wagner	Date	of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd	Amo	09 27 2014
Chata 7's Code		405.00
City State Zip Code Odessa FL 33556		165.00 saction ID: a1aff2b1-4e44-4ea5-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ma Madel Brown	Oppose President	A.D.
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014	ent For:
Full Name of Payee		of Public Distribution/Dissemination
Mailing Address		
Mailing Address	Amo	punt
City State Zip Code		
Date of Disbursement or Obligation		
Purpose of Expenditure Category/		M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Soug	ght: House District:
	Oppose Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disburseme	
		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·	165.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· _	7127.13
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 09	29 / 2014
Signature		